

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS SEP 21 1959

59-032014

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 974

1. PLACE OF DEATH a. COUNTY <b>Greene</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Lawrence</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Springfield</b>		c. CITY OR TOWN <b>Aurora</b>	
Length of stay in 1b		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Ozark Osteopathic</b>		d. STREET ADDRESS (If outside, give location) <b>11 E. Lee Street</b>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>Frances</b> Middle <b>Jones</b> Last <b>Jones</b>			4. DATE OF DEATH Month <b>Sept.</b> Day <b>16</b> Year <b>1959</b>			
5. SEX <b>Female</b>	6. COLOR OR RACE <b>W.</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>10-23-05</b>	9. AGE (last birthday) <b>54</b>	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Aurora, Missouri</b>		12. CITIZEN OF WHAT COUNTRY <b>America</b>		
13a. FATHER'S NAME <b>Joe Smith</b>		13b. MOTHER'S MAIDEN NAME <b>Emma Marbut</b>		14. NAME OF HUSBAND OR WIFE <b>Bryan Jones</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>yes</b>		17. INFORMANT <b>Bryan Jones</b> Address		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Inanition and Debilitation.</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 weeks</b>	
DUE TO (b) <b>Carcinomatosis.</b>			<b>not know</b>
DUE TO (c) <b>Primary Carcinoma of Sigmoid.</b>			<b>3 years</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <b>6:55</b> a.m. p.m.	Month, Day, Year <b>9-16-59</b>		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <b>Springfield, Mo.</b>	COUNTY STATE

21. I attended the deceased from 9-8-59 to 9-16-59 and last saw her alive on 9-15-59 11 p.m.  
Death occurred at 6:55 P.M. 9-16-59 on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <b>Andrew Martinek, D.O.</b>		22b. ADDRESS <b>Springfield, Mo.</b>		22c. DATE SIGNED <b>10-16-59</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>9/18/59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Maple Park</b>	23d. LOCATION (City, town, or county) (State) <b>Aurora, Mo.</b>	
24. FUNERAL DIRECTOR <b>Oliver L. Hersh</b>		ADDRESS <b>Aurora Mo</b>	25. DATE RECD. BY LOCAL REG. <b>9-18-59</b>	26. REGISTRAR'S SIGNATURE <b>Offie S. Melton</b>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed R. H. Lane Bennett

Licensed Embalmer No. 4313

P. O. Address Monett

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.